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CONFIRMATION NO. 7772

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>09/593,275 | <b>FILING OR 371(c)<br/>DATE</b><br>06/13/2000<br><b>RULE</b> | <b>CLASS</b><br>704 | <b>GROUP ART UNIT</b><br>2626 | <b>ATTORNEY<br/>DOCKET NO.</b><br>YOR-2000-0168US1<br>(590.014) |
|------------------------------------|---|---------------------|-------------------------------|---|

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**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 08/17/2000**

|   |   |                                   |                                |                               |                                    |
|---|---|-----------------------------------|--------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | <b>STATE OR<br/>COUNTRY</b><br>NY | <b>SHEETS<br/>DRAWING</b><br>3 | <b>TOTAL<br/>CLAIMS</b><br>27 | <b>INDEPENDENT<br/>CLAIMS</b><br>3 |
| Verified and Acknowledged                                   | Examiner's Signature _____ Initials _____   |                                   |                                |                               |                                    |

**ADDRESS**

877

**TITLE**

SPEAKER RECOGNITION METHOD BASED ON STRUCTURED SPEAKER MODELING AND A SCORING TECHNIQUE

|                                       |   |   |
|---------------------------------------|---|---|
| <b>FILING FEE<br/>RECEIVED</b><br>966 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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